## Michigan Department of Consumer & Industry Services Bureau of Construction Codes P.O. Box 30254 Lansing, MI 48909

## PROPOSED CODE CHANGE

| Date:  |                                     |               |   |                      |                           |
|--|-------------------------------------|---------------|---|----------------------|---------------------------|
| Name:  |                                     |               | Jurisdiction/Company:                                 |                      |                           |
| Address:   |                                     |               | City/State/Zip:                                       |                      |                           |
| Telephone:   |                                     | Facsimile:    | E   | E-Mail:              |                           |
| 9 Building Code 9 Mecl   | hanical Code <b>9</b> F             | Plumbing Code | <b>9</b> Rehabilitation Code fo                       | r Existing Buildings | <b>9</b> Residential Code |
| Revision to: 9 Section   | on to: 9 Section 9 Table _          |               | <b>9</b> Figure                                       |                      |                           |
| <b>9</b> Revise text as follows Show proposed text in accordan           | 9 Add text as ce with the following |               | <b>9</b> Delete text as follone through deleted text. |                      | Delete as noted           |
|  |                                     |               |   |                      |                           |
| 9 Continued on additional page (include Reason: (Include all data and in |                                     |               |   |                      |                           |

**9** Continued on additional page (include your name and the section number on all additional pages)